

## MCMIS COUNT REPORT ORDER FORM

### A. SELECT REPORT TYPE

☐ CENSUS COUNT

☐ INSPECTION COUNT

*Specify year:* \_\_\_\_\_

☐ CRASH COUNT

*For years:* \_\_\_\_\_

☐ COMPLIANCE REVIEW COUNT

*For years:* \_\_\_\_\_

### B. DESCRIBE THE COMPANIES, CRASHES, INSPECTIONS, OR COMPLIANCE REVIEWS, TO BE INCLUDED IN YOUR REPORT

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### C. PROVIDE YOUR MAILING ADDRESS

CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

### D. SEND ORDER FORM AND CHECK TO:

***ComputingTechnolgieS, Inc.***  
FMCSA Data Dissemination Program  
P.O. Box 3248  
Merrifield, VA 22116-3248  
(703) 280-4001

